THE HAMPDEN HIPPOCRAT
The Hampden District Medical Society Newsletter

SPRING 2004 VOLUME 11

President's Annual Message:

PHYSICIANS ARE, BY THEIR NATURE, ACTIVISTS

We may not think of ourselves that way – but look at how we spend our lives. Every day we get up; we go to work, and we change people's lives. We motivate them to replace unhealthy habits with healthy habits – or at least healthier habits. We give people facts and information in an effort to change their minds, to increase understanding, or to influence their decisions.

Okay, the official definition of activism refers to "…direct, often confrontational action to achieve a political or social goal." Not very many of us are actually confrontational, but you can say that we're direct in our aim to achieve a social goal: improving health in our region.

So now that I've convinced you all that you're already natural activists, I'm going to ask you to do more.

During my year as President of Hampden District Medical Society, I've written about the fact that belonging to a group allows us to accomplish more than we can as individuals. At our Winter Meeting, Dr. Nelson (President-Elect of the AMA) spoke to us about the need to work together to achieve tort reform. He spoke about some of the efforts of the AMA, along with other Specialty organizations, to educate the legislators and make an impact in Washington. The Massachusetts Medical Society has also been working hard on the state level to get some relief from the rising costs of professional liability.

Tort Reform is a very important issue, and a year ago, many of us marched on Beacon Street to meet with our legislators, showing that we can be a little confrontational when we feel strongly about something. But it's not enough that legislators only hear from us when our income is threatened. It's not enough to sit back and hope that someone else speaks for our patients who are now paying huge co-pays for medications, or who can't afford health insurance, or who get booted out of the hospital before they're ready.

Who should be speaking about air pollution if not the doctors who are seeing an increase in asthma? Who should be complaining that the section on condoms has been taken off of the CDC website if not the doctors who treat STDs? Who should speak up when funding for anti-tobacco programs is taken away if not the doctors who treat lung cancer and heart disease?

There is a long list of potential issues on which physicians are the most knowledgeable people. However my goal is not to overwhelm you by listing them all, but to call you to action.

Here's what I want you to do. First: register to vote. If you're already registered, then register someone else. Second: vote. Vote in every local election, every primary, every state and national election. One vote does count, and sometimes makes all the difference. Third: pick one issue that you really care about: something that moves you to action. Call or write a letter to your congress people on this issue. If that doesn't inspire, then find a group that supports your issue, and join them. They'll keep you updated on your issue, and give you easy ways to send an email, fax, or letter. Fourth: spend money to support your issue. Whether you support a candidate, a political party, or a grassroots organization doesn't matter, but it will make a difference.

Finally, stay involved with your medical societies. Work together with your fellow physicians to pick the issues important to all of us so that we can make our voices heard.

Heather Z. Sankey, M.D., President 2003-2004

LETTER POLICY

Letters to the editor should be approximately 250 words or less, preferably typed in Word. Please provide the full name and address of the writer along with a signature for verification. The paper copy of the letter should be sent. All letters are subject to editing.

Please e-mail: hampden@massmed.org fax: (413) 731-8990 or mail:

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The "Hampden Hippocrat Newsletter" is the news source of the Hampden District Medical Society and would like to become the forum for sharing information and opinions amongst the members. Any article printed expresses the opinion of the author and should not be construed to imply endorsement by the HDMS.

Editor's Column

As I read through the texts of articles for this issue of *The Hampden Hippocrat*, I was stricken with a sense of awe. This issue contains a tiny atlas to the world of medicine - our world. Please take the time to read through as many articles as you can, for within these pages you will see the past, present, and future of medicine. In its past, we grieve at the loss of colleagues whose lives were devoted to family, patients, and their communities. In its present, we honor physicians for their contributions to society. We learn about present and future goals of individuals and organizations. We glimpse a few of the issues that affect our every day lives.

Most important, we are witness to the future of medicine, not only through the young eyes of high school students as "Doctors for a Day" and the experiences of a third year resident making a difference in the schools, but also through the apprehensions of what medicine may yet become.

Few, if any of us, like what we see happening to the profession of medicine. We do not like how it affects our ability to practice. We do not like how it affects patient care. Nevertheless, the practice of medicine continues because there is a need for it and there continue to be healers who serve.

Yet, there is a disturbing trend in the declining numbers of medical school and residency applicants, in the increasing cost of medical liability insurance, in the regulatory strangulation of patients' access to care by government and HMO rules, and in the increasing flight of physicians to other states, careers, or early retirement.

To stop this trend will take a concerted action by physicians' being politically active and motivating their patients to speak out to their legislators to make changes to preserve the quality of health care. Doing this does require more time and energy - precious commodities. But, commodities must invest.

Please take the time and effort to read this newsletter.

Reflect on the past and present of medicine. Decide if you think it's worth working to protect its future.

James K. Wang, M.D.
Guest Editor

EXECUTIVE DIRECTOR'S COMMENTS

This past year was exceptionally emotional for me beginning with a call from my son in California saying that they needed me to come quickly to care for their eight month old daughter as his mother-in-law had been killed in an automobile accident. If you have children that have moved to another state you know how hard it is. Knowing that his in-laws were wonderful people made the distance a little more bearable. Now, my daughter-in-law would be without her mother, my son without a substitute mom and my grand daughter without her "Lola".

It has also been emotional to see my members struggling with managed care issues, tort reform, deciding if and when they will close their practice, move to another state or retire early. I also witnessed first hand my daughter's wonderful obstetrician calling to say that she wouldn't be delivering her fourth baby.

The district had yet another very busy year with three district meetings, the 19th Annual Medico-Legal Forum, High School Dr. for a Day, Legislative Breakfast and four awards given to worthy members. Because HIV is very prevalent in Hampden County I helped coordinate along with Dr. Claudia Martorell, Chair of the Public Health Committee, STD and Pregnancy Workshops at the Springfield Boys and Girls Club. Volunteer residents from Baystate Medical Center conducted the ongoing educational workshops to teen and pre-teens.

For the past 65 years, the AMA president-elect once again visited the district and a full schedule was planned. After addressing physicians at both Baystate Medical Center and Mercy Medical Center Grand Rounds, and attending the Kiwanis Club luncheon, Dr. John P. Nelson, a big basketball fan, was given a private tour of the Basket Ball Hall of Fame.

The president-elect usually attends the AMA Advocacy Conference. This year I had the pleasure of attending the Conference in Washington with Dr. Richard Anderson our incoming President. Dr. Anderson's focus will be to recruit the many physicians in our District who are non-members.

I guess I qualify for being in the "Sandwich Generation". As a member of this "elite" group, you need a 90 year-old-mother and aunt in a local nursing home, husband, children and grand children and a full time job. Juggling all of the above is quite the task.

Thank God my mother still has a wonderful mind. If you want to know anything about her nine children, their spouses, forty-five grand and great grand children, just ask her. On the other hand, my husband's aunt who never had any children suffers from severe dementia and her only visits are from my husband and myself. While recently visiting the nursing home my mother told me again how many visitors she had that day and how wonderful the staff is to her. I visited Aunt Stephania and questioned God as to why she needed to linger so long. That same day, I picked up the Holyoke Health Care Newsletter and upon reading the poem below, my question was answered.

"The Circle That's Here"
by: Beverly Viamari, LPN
Holyoke Health Center

I know you wonder
I have heard,
Many and utterance –
To me absurd.

I know you hurt,
I know you cry,
Looking for answers
You want to know why.

Why do I linger?
Why am I here?
Why in this place with nobody near?
Why all the pain?
Why so alone?
What have I done to call this my home?

I say to you
It's been a pleasure,
Learning from you,

Your life's a treasure.

Compassion and caring
Trust and love,
A few of the lessons I could speak of.
Carried on whispers,
Born out of fate,
Sealed with a hug,
It's never too late.

Please don't fret and try not to cry
You'll life has a purpose
Don't let it pass by.

Look around you and you will see
All the people just like me,
Who've learned how to comfort and
Learned how to care
And keep coming back
Because you're there.

I want to thank Dr. Heather Sankey, out going President and the physicians who volunteered their time, ideas and energy on the Executive Committee, as well as other district and state committees. I also want to thank the members who submitted resolutions to and attended the MMS House of Delegates and to the members who wrote articles for the newspapers. Your dedication and commitment to your profession is to be commended.

If you are unable to actively participate, please do one thing for your colleagues who are working so diligently for you. Call, write or visit your Legislator. Ask him/her to vote for Malpractice Reform. Some of the commonwealth's poorest children live in our District and additional cuts further fray their health-care safety net, inevitably increase the number of at risk children and widen the gap in health disparities between Springfield and Holyoke children and other Massachusetts children. Ask the governor and legislators to assure that every child in need of health coverage receives it.

Have a wonderful, safe summer.
Suzanne T. Skibinski

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Managed Care Marches On

James K. Wang, MD

A frightening trend continues in the cost-cutting measures devised by health maintenance organizations (HMO). Despite rising trends in managed care profits and reserve funds, in effort to reduce medical costs, HMOs have developed and implemented programs that serve to save them money, but may well compromise patient care and choice.

One scheme from Harvard Pilgrim Health Care (HPHC) is requiring that physicians must notify HPHC's vendor, National Imaging Associates (NIA), before any CT or CTA, MRI or MRA, nuclear cardiology or PET scan procedure is performed. HPHC will not pay claims for procedures that are not previously submitted to NIA for consultation. HPHC also admits that this program helps them to track physicians' utilization of services. It identifies the more expensive physicians.

In already busy offices, this extra burden of having to make another phone call decreases staff and clinician time for patient care. It also presents another chance for HMOs to refuse payment.

Other HMOs, including Health New England, require pre-certification for these studies rather than notification. Physicians must submit to the wisdom of an algorithm interpreted by a clerk to affirm or decline their clinical judgment.

The medical necessity process for approval requires direct contact with the HMO or its vendor, and if needing appeal, direct contact with a medical director who may not be even remotely associated with the ordering physician's specialty. Denials mean the testing will not be covered.

In some cases, the approval process has proven to be inefficient and exasperating. Even the most obvious need for a CT scan or MRI must be certified lest the service be disallowed for reimbursement. How many studies will be forgone because the clinician felt it was not worth the trouble of pre-approval? Certainly, this is the rationale behind the programs.

Another limitation to patient care and access is the newer concept of tiered medical care. Much like the tiered pharmaceutical benefit programs, these programs encourage patients to use less expensive options, in this case hospital. According to Tufts Health Plan's Navigator program, subscribers will enjoy "Lower inpatient copayments for using hospitals that meet Tufts Health Plan's standards for higher quality and efficiency." Translation: it costs you less to go to hospitals that cost Tufts less.

These programs are increasing the dichotomy of an unequal healthcare system. We are continually debating the need for universal healthcare, but by setting up a tiered system for medical care, HMOs exacerbate the notion of the wealthy getting "better" healthcare, or at least being able to have the luxury of greater choice. While the less expensive facilities may provide no less superior care or have no worse outcomes compared to the more expensive ones, often, the higher fee facilities are teaching hospitals or level 3 centers - centers that offer treatments that may not be offered at other "preferred" facilities.

Should patient choice for hospital care be determined by their co-pay or their ability to afford higher co-pay?

Additionally, if the patient's physician is on staff only at a higher co-pay hospital, will the patient pay the higher cost or change physicians?

While not part of the Tuft's plan, similar programs also rate and "tier" physicians. Based on economic profiling, certain physicians and groups will have higher co-pays than others will. Consider what medical practice becomes when patients decide which physicians they will see primarily based on how inexpensive they are.

Concern about these programs also stems from the determination of how institutions and practitioners are ranked. What factors are measured, and what weight are individual factors given? How well does patient health relate to medical costs?

On an individual basis, one can consider fooling the system by not ordering certain tests or not following up on minor findings, thereby delaying a diagnosis, delaying treatment, and having a low-cost practice with seemingly healthy patients. Many diseases, such as diabetes and hypertension, may not result in manifestations and complications of the disease for years. One could also "select" a healthy patient population by transferring high-risk patients (smokers, obese people) from the practice. By doing these things, one could become a preferred provider – an unethical, but financially attractive provider. I would hope that no one would do that.

But it is possible, and in fact, HMOs are aggressively seeking to have physicians decrease medical expenditures on their patients. They are offering rewards to those that follow their dictum.

Next year, HPHC is starting a program, which is designed to "reward" quality of care. The program goal is to aid in "implementing the best clinical practices and realizing better patient outcomes." Physician groups will be rewarded monetarily based on a per member per month basis for exemplary performance – which no doubt has a significant economic factor.

While the focus of their press release is improving practice procedures, maximizing patient care and improving outcomes, the underlying tone is reducing medical costs. At a recent meeting with the MMS Interspecialty Committee and the Managed Care Committee, an HPHC representative discussed this program and stated that medical groups are "invited to compete" for monies set aside for this program.

I find this to be offensive and an insult to the medical profession.

One would assume that we are already working at a competent level, and while we are often very busy, the vast majority of physicians are caring for their patients appropriately. Enticing us to practice "better" medicine (by their definition – cost cutting?) and having us compete for money as an incentive insults every one of us.

I wonder about the groups who are out to get some of this money. Should not we already be thinking about our patients' best interest? Have we become so mercenary that a few thousand dollars motivates us to consciously cut costs by redirecting our medical decisions? Would you want your patients to know your group has financial incentive to spend less money on their healthcare? Would you want to go to a physician who does?

There is terrible erosion of the integrity of medicine and medical care. Some comes from within our ranks, but much of it comes from outside. We ought to scrutinize every program, every protocol, and every proposal from HMOs and look beyond their face value. We should not be reticent to speak out against unreasonable and unfair changes. We must resist actions that may compromise our ability to properly care for our patients and limit

their access to appropriate healthcare.

Our patients look to us to keep them well and care for them when they are sick. We cannot let them down. Speak out against unreasonable limitations on patient care.

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HDMS Sponsored Activities

HDMS Fall District Meeting
Tuesday, September 21, 2004
2nd Annual Family Night, Basket Ball Hall of Fame
Rebecca Lobo
CME, Risk Management
Dr. Catherine O'Connor

Twentieth Annual Medical Ethics Seminar
Thursday, October 21, 2004, Mercy Medical Center
"Ethical Issues in Organ Transplantation"
Thomas Derr, PhD, Smith College

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WELCOME NEW MEMBERS

ANESTHESIOLOGY
Pratibha Vagal
Noble Hospital
115 West Silver Street
Westfield, MA

CARDIOVASCULAR DISEASES
Colin Shafer
Pioneer Valley Cardiology
2 Medical Center Drive
Springfield, MA

Lisa Massie
Baystate Medical Center

DERMATOLOGY
Paul Curtis
300 Stafford Street Suite 310
Springfield, MA

INTERNAL MEDICINE
Chirley Ann Whitaker
Springfield South West Community Center
1028-1048 Main Street
Springfield, MA

NEPHROLOGY
Barbara Greco
300 Birnie Ave
Springfield, MA

NEUROLOGY
Carmel Armon
B.M.C., Chestnut Street
Springfield, MA

OB/GYN
Donna O'Shea
BMC, 759 Chestnut Street
Springfield, MA

PEDIATRICS
Albert Callahan, III
Pediatric Associates of Hampden County
373 Park Street
West Springfield, MA

Dilipkumar Vagal
Wing Memorial Hospital
Palmer, MA

PSYCHIATRY
Susan Cary
Behavioral Health Network
342 Bernie Ave.
Springfield, MA

Purificacion Geronimo-Flores
MSPCC
235 Chestnut Street
Springfield, MA

Mina Moussavian-Assadi
Pediatric Associates of Hampden County
373 Park Street
West Springfield, MA

Thomas O'Leary
Pediatric Associates of Hampden County
373 Park Street
West Springfield, MA

SUGICAL ONCOLOGY
James Frank
2 Medical Center Drive Suite 406
Springfield, MA

RESIDENT/FELLOW BAYSTATE MEDICAL CENTER
Komal Bhatt, Internal Medicine
John Kuhn, Surgery
Jill Samale, OB/Gyn
Anita Sanolhu, OB/Gyn
Amit Saxena, Internal Medicine
Jitka Sojkova, Radiology

EMERITUS
Alfred H. Carter, Adult Psychiatry

SENIOR STATUS
Ray Gagnon, Internal Medicine
Won C. Park, Radiology/Oncology
P.J. Ramaswamy, Internal Medicine
Anthony Rizzo, Orthopedic Surgery
Elizabeth Savich, Pediatrics

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ATTENTION!!! DOCTORS!!! ATTENTION!!!

Don't forget to contact the HDMS office if you change your medical office/practice address to be sure your file is updated.

ATTENTION!!! DOCTORS!!! ATTENTION!!!

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The SHINE Program

How Can It Help Your Patients?

If your patient asks you.....

- What Medicare supplemental insurance is available?
- Why didn't Medicare pay for my last office visit?

- Where can I get help paying for my prescription drugs?
- Does Medicare pay for care in a nursing home?
- I have all these bills and statements from Medicare, what do they mean?
- Am I eligible for any public benefit programs?

The SHINE Program (Serving the Health Information Needs of Elders) is a state health insurance assistance program that provides free health care information, assistance and counseling to Medicare beneficiaries of all ages. The Massachusetts Executive Office of Elder Affairs in partnership with elder service agencies, social service agencies and Councils on Aging administers the SHINE Program.

What do you do? A SHINE Counselor provides free, confidential counseling about the above topics and much more. All counselors are trained and certified by the Executive Office of Elder Affairs. SHINE Counselors are located throughout the area at most local Councils on Aging, and some other locations. The SHINE Regional Office is in Springfield and can be reached by calling 413-750-2893 or 1-800-243-4636 line #2. If you are interested in having a supply of SHINE brochures in your office, please contact us.

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OBITUARIES

CHARLES DIAMOND, M.D.
1919 - 2004

Dr. Diamond died on January 27, 2004. He was a graduate of West Springfield High School and New York Medical School. Dr. Diamond practiced OB/Gyn with Dr. Lester Suzor in West Springfield and Chicopee for many years until his retirement. He was past President of Staff at Mercy and Providence Hospital. Dr. Diamond was past Chairman of the West Springfield School Committee, a member of the West Springfield Boys and Girls Club and the West Springfield Democratic Town Committee. He leaves his wife Niobe and four daughters. Memorial donations may be made to the West Springfield Boys and Girls Club, (Vlasta Diamond Memorial Fund) 615 Main Street, West Springfield, MA 01089.

IRVING HOFF, M.D.
1920 - 2004

Dr. Irving Hoff died on January 7, 2004. Dr. Hoff was a practicing physician for 47 years and Medical Director at the Jewish Nursing Home for 12 years prior to retiring in 1998. Dr. Hoff was chairman of Baystate Medical Center's credentials committee for many years. He graduated from Holyoke High School and NYU Medical School. The Massachusetts Medical Society and Hampden District Medical Society honored Dr. Hoff in 2001 as being a 50-year member. He leaves his wife of 46 years, Grace, a son Lewis and daughter Susan. Memorial contributions can be made to the American Heart Assn., 111 Elm St. Suite 9A, West Springfield, MA 01089.

Hampden District Medical Society Winter District Meeting

The Best Western Sovereign Hotel and Conference Center in West Springfield was again the site this year where Dr. John C. Nelson, AMA President-Elect, addressed over 100 members of the Hampden District Medical Society at its Winter Meeting on January 27, 2004. After introducing several guests, including Massachusetts Medical Society President Dr. Thomas Sullivan other MMS dignitaries and local representatives to state government, Hampden District Medical Society President Dr. Heather Sankey introduced Dr. John Nelson. Dr Nelson spoke about family violence and alcohol and how they affect society and the medical profession. The following is an excerpt of his presentation.

Silent Epidemics: Family Violence and Alcohol

I am grateful to be in Western Massachusetts with you – because of our shared commitment to addressing a serious public health problem: Underage and binge drinking, as well as other forms of alcohol abuse. I also appreciate this opportunity to address the issue of alcohol and violence, particularly domestic or family violence. Both of these problems are silent epidemics. Both are under-recognized threats to the public health. And both deserve a wide-scale public health response. Because both threaten the well being – indeed the lives – of ordinary Americans. Some have argued that alcohol is a factor in many forms of violence, including domestic violence. And it is true that a relationship between the two exists. Yet science has also shown that not all alcoholics are physically abusive. By the same token, those who are violent in their homes – are not usually addicted to alcohol and drugs. A relationship exists between the two – but violence and problem drinking remain distinct issues. We can't end domestic violence by ending alcohol abuse – or end alcohol abuse by reducing domestic violence. However, we can look more closely at each of these issues – and consider where they intersect. This can give us clearer insight into both problems.

This in turn will help us to see what we can do about violence and alcohol abuse in our own communities. And help us shape an appropriate public health response – including efforts led by the AMA.

Intimate Partner Violence

Let's begin by taking a closer look at family violence – starting with intimate partner violence. I've called it a silent epidemic – but it's not as silent as it once was. Reporting has become much more common. However, just because it's a problem we hear about more frequently, doesn't mean it's a new phenomenon:

That means that since I started speaking, more than 40 women have been slapped, struck, punched or hit with an object.

Today, violence by intimate partners – is the leading cause of injury for females. According to the AMA Council on Medical Services – the most common reason for a woman ages 15 to 44 to go to the ER is because she is a victim of domestic violence.

Violence against Children

It's not just women who are victims of domestic violence.

Family violence, which includes violence inflicted upon children in their homes, is also a threat. Each year, close to one million children are abused and/or neglected. Every day, approximately three of those children die. Furthermore, these numbers are probably low, since child abuse still goes underreported in most cases. And of course violence against children – and adults – isn't just a family affair. Violence affects all Americans

Alcohol and Violence

But what does this have to do with alcohol? Earlier, I noted that not all alcoholics engage in physical abuse and that most of those who engage in physical abuse are not addicted. But there is still a relationship between alcohol and violence – so what is it? To start, alcohol reduces inhibitions. For those who already have difficulty managing their anger – or who have a history of violence – alcohol can make a potentially volatile situation – worse. Alcohol also impairs communication. Those who drink are more likely to mishear or misread information. This may lead to intensified conflict or aggression. Those who drink also sometimes expect their drinking to promote or enhance aggression. Drinking then becomes a self-fulfilling prophecy – or worse yet, an excuse for violent behavior.

More research is clearly needed to uncover the connection between alcohol and violence. However, the evidence suggests that alcohol is, in many cases – a positive, and sometimes even causal, factor in the initiation and escalation of violence – including domestic and family violence, but not limited to it.

Alcohol and Child Abuse / Neglect

When problem drinking, alcoholism or other drug abuse is present in their home –children are at greater risk for abuse, neglect and injury.

Maternal substance abuse can lead to intended harm – or to neglect. Either way, children get hurt. One national study estimated that children of problem-drinking mothers had more than twice the risk of serious injury than children of non-drinking mothers. When mothers with problem drinking patterns were married to moderate or heavy drinking men, the relative risk of serious injury for their children was nearly three times greater than the children of nondrinkers. These children are more likely to engage in similar behaviors when adults.

Alcohol and Youth Violence

Unfortunately, alcohol-related violence – like all violence – isn't just something that happens to kids at home.

According to a national survey, more than 4 million youths, ages 12 to 17 got into a serious fight at school or work in 2001. The same survey reported that young people who engaged in violent behavior – also reported higher rates of drug and alcohol use – compared to young people who did not report any violent behavior. Another national survey found that people who began drinking before age fourteen – were 11 times more likely to have been in a fight while drinking or after drinking than people who began drinking after age 21.

In terms of our nation's future, this is a devastating finding. Because today, the average age at which a child takes his or her first drink – is 12. That's right. 12.

Other Alcohol-related Violence Facts

Finally, it's not just intimate partners and children who are harmed by an unholy mixture of alcohol and violence. Convicted murderers in state prisons – reported that alcohol was a factor in about half of the murders they committed. What's more, of 5.3 million convicted offenders, well over a third – or 2 million of them – are estimated to have been drinking at the time of their offense. Those who use – and especially those who abuse – alcohol are also, according to one study, more likely to die violently than others are. A recent review of the literature on alcohol and violent death in the home – found that a person's risk of violent death – by homicide and suicide – increased when several signs of chronic alcohol abuse were present. In fact, the authors estimated that alcohol use is associated with a two-fold higher risk of homicide within all age groups.

How Does It All Add Up?

So how do the statistics add up?

The data show a clear, strong correlation between alcohol use – domestic abuse –and other forms of violence. However, family violence is also greatly influenced by individual and cultural factors, biological factors and even the expectations of the perpetrators.

Alcohol may increase the likelihood of violence – or increase its severity. However, it is still only involved in a minority of domestic violence incidents. Research also suggests that, like most factors in domestic and other kinds of violence, alcohol is neither a necessary nor sufficient cause, but rather a contributing cause to family violence – and other violence. In short, solving one problem – won't solve the other.

A Public Health Model

We need to combat both problems. And we need to do so by embracing public health model that gets at both issues – fully. A good public health model has several crucial elements:

First, we need to understand how the disease presents itself. What does it look like? That's a little bit of what we've done so far – in terms of domestic violence and alcohol-related violence.

Second, we need to identify the way in which the problem spreads or continues.

In recognizing what the problem is and how it persists, we then need to come up with a comprehensive strategy for defeating it.

Comprehensive Strategies

That's what I want to talk about today – comprehensive strategies for curtailing family violence – indeed all violence. And comprehensive strategies for addressing the abuse and misuse of alcohol.

What are these strategies?

Sending a strong social message. Promoting laws that back up that message. Offering relevant services. All of these strategies – and others – can help us change individual behavior and alter wider social trends – by changing the environment. Let's consider the issue of violence first.

First of all we need to send a strong social message – that violence is not an acceptable way to resolve conflict. Our professional – and our personal – lives offer us opportunities to do just that.

As a physician, I know this firsthand. For example, I know I can send a strong message about family violence – by integrating the issue into my everyday practice of medicine.

As an obstetrician / gynecologist, I make a point of asking my patients questions about potential abuse. By talking to them and even enabling them to get help if they need it – I am letting them know that they can not and should not tolerate violence. That they never, ever deserve to be hit. In doing so, I can help break the cycle. According to a Gallup poll, most women would rather speak to their physician about an abusive partner – than with a family member, friend, priest, pastor, rabbi – or the police. But that doesn't mean other professionals shouldn't intervene against family violence. Teachers are often the first to see signs of child abuse. Co-workers often see signs that a colleague is being abused. Many other opportunities exist as well – to stop violence. Or better yet, prevent it. Let me tell you about one effort that began at the AMA.

Alliance SAVE Program

The **AMA Alliance** – a wonderful group of physician spouses – has a campaign called **"Stop America's Violence Everywhere" or SAVE.** As part of this campaign, they've developed a program to teach children better conflict resolution skills through puzzles, games and other activities. They also work to end bullying. The Alliance has raised public awareness in their cities and towns – through public relations campaigns and planned activities. As they like to tell the children – hands are not for hitting. It's just one program – but it reaches thousands of kids. And it acts as a counterweight to all the glamorized violence kids see on television and in video games. The SAVE program offers strategies you can use in your own family and communities – with your kids, your grandkids or even children in your community. If we can teach our children alternatives to violence – we'll be well on our way to seeing a less violent society.

Media Violence- Consider the following facts.

By the age of 18, the average American child has watched 200,000 acts of violence – and 40,000 murders – all on television. Children who see more violence are more likely to view violence as an effective way for settling conflicts. Viewing violence can lead to emotional desensitization in real-life situations. Over a thousand studies have pointed overwhelmingly to a causal connection between entertainment violence and aggressive behavior in children.

While the entertainment industry has taken some steps to identify media products that are not appropriate for children, it also aggressively markets violent films, video games and music to children under the age of 17. As some of you may know, I serve on the Motion Picture Association of America's TV Parental Guidelines Monitoring Board. And I – along with the AMA and other physician groups – am firmly committed to the appropriate rating of entertainment. And to urging the entertainment industry to reduce levels of violence in programs, games and music. All of us need to educate ourselves – and the parents and children of America – about the potential hazards of media violence.

It's our job to fight the media industry on this issue – and to counteract their messages on violence with positive messages – and actions – of our own.

Violence, the Law and Intervention

But there also needs to be a little muscle behind our message.

In years past, that muscle has been the law – and appropriate intervention services. For example, in terms of media violence, the AMA policy suggests – that consideration be given to the potential development of a Television Violence Code. Such a code, created with input from the government, the television industry, and the public – including the medical profession – would help us address issues relating to all television violence, including news reports and entertainment But of course, it's not just media violence that concerns us. An important element of ending family violence – is to stop it before it happens. That means using effective preventive methods. It also means making sure that strong, effective laws against intimate partner or child abuse – are on the books. And enforced. And that sound interventions are in place for both victims and offenders. Unfortunately, that's not as easy as it sounds. Thus far, there has not yet been conclusive research about which laws work – and which don't. Intervention programs for offenders have also not been adequately studied for effectiveness. For that reason, we need to support increased research – on both. So that we can be sure that public health messages like this one really mean something.

What else can you do?

You can ask questions if you suspect abuse is taking place. Get that person help. Report abuse when you see it happening. Don't turn a blind eye. Most of all support intervention services in your community – such as family shelters.

SAVE a Shelter

Again, the **AMA Alliance** does wonderful work on this front – through their **SAVE a Shelter** program. Through this program, Alliance members raise funds for domestic violence shelters across the nation. They provide toys, toiletries and other supplies – and they teach conflict resolution skills to the children. This is just one way in which the AMA Alliance supports intervention. And helps to end the cycle of violence. These are just some elements of the kind of comprehensive response that is needed to reduce family violence – indeed

all violence – in America. But when it comes to the intersection of violence and alcohol – even a comprehensive approach to violence – only gets at half the problem. The other half involves addressing alcohol abuse – both at the individual and societal level – with strong messages, strong laws, and strong support services.

Sending a Strong Message about Alcohol

Let's start with messages about alcohol. The problem with alcohol – much like the problem with violence – is that our society sends us a mixed message. Let me be clear. The AMA is not against the responsible, adult use of alcohol. However, we are deeply disturbed by some of the messages – some might say lies – about drinking that the alcohol industry promulgates. Especially about underage drinking. At the AMA, we want parents to understand that underage drinking is not just kids being kids. Underage drinking is a serious – even deadly – problem.

Alcohol and Risks to Youth

Alcohol use is a contributing factor to the four leading causes of death for young people: Accidents. Vehicle deaths. Homicides. And suicides. Nearly 40,000 young people ages 15 to 24 die from one of these four causes each and every year. That's like wiping out almost the entire population of Des Moines County. But kids don't have to get killed to be harmed by alcohol.

The *Journal of the American Medical Association* has published a study documenting that youth who regularly consumed alcohol before age 14 were at least three times more likely to develop a diagnosable alcohol dependency as adults than those who delayed alcohol consumption to age 21.

In short, kids who start drinking early are more likely to wind up addicted as adults. This is a terrifying thought – especially when we consider that young people drink much earlier today than they did a generation ago. As I mentioned earlier, the average age of first drink in America is 12. Recent scientific studies also suggest that childhood drinking has a devastating effect on a child's ability to learn and remember. One study has shown that individuals who used alcohol as adolescents exhibit a reduced ability to learn, when compared to those started using alcohol as adults. Clearly we – as individuals and as families – have to be vigilant about our messages to our children. But just as with violence – our words alone aren't enough. We are fighting so many messages and images about alcohol – that glamorize drinking. Especially to young people. Today, we've talked a bit about how violence in the media undermines our efforts to teach kids how best to handle conflict. In the same way, the alcohol industry undermines our efforts to keep our kids safe from alcohol and its ill effects.

Because one of the biggest lies the alcohol industry tells America – is that they don't market their wares to kids and teens.

Alcohol Advertising and Marketing

The alcohol industry – like the tobacco industry – must attract new drinkers and so must appeal to minors to survive. Studies show that individuals who begin to drink as children drink more – than those who start consuming alcohol as adults do. The alcohol industry knows this – though they won't admit it. However, there is a growing body of research showing that the industry does not comply with its own voluntary codes on advertising standards. Indeed, it's the overt advertising – and marketing – to kids that offends me most of all.

Consider some of the alcohol products for sale.

"Alcopops" are beers and liquors with a sweet, fruity taste – specifically designed to mask the taste of beer. Because most kids don't like the taste of alcohol. Children are also targeted in products like Zippershots; 12-proof treats that look like the Jell-O packages my grandchildren take to school in their lunch bags. But it's not just the marketing itself that is troubling – it's also the fact that our kids are being blitzed with positive images of drinking. All the time.

Especially in places where they – not adults – are likely to get the message. A recent study of alcohol advertising in 35 national magazines – found that beer and distilled liquor ads appeared more frequently in magazines with higher adolescent readership – such as Rolling Stone and Sports Illustrated. The Federal Trade Commission has reported – that eight of the largest alcohol companies had made product placements in PG and PG-13-rated movies, and on eight of the 15 television shows most popular with teenagers. An analysis of more than 200 thousand alcohol ads on network and cable television concluded that the alcohol industry's voluntary guidelines for alcohol ad placements allowed for "substantial exposure to youth." At the AMA, we believe that the media has incredible power and influence when it comes to America's children. And, we know that the alcohol industry is abusing that power. Early brand identification and impressions are a critical part of a child's later behavior. Studies dating back to 1994 have found that alcohol advertising may predispose young people to drinking. And that's a serious thing. Because again – drinking contributes to the death of 40,000 young people a year through homicides, suicides and accidents. And again, it puts our youngest children at increased risk for addiction. That's why the AMA supports the elimination of all alcohol advertising on television. And we also support dedicating funds to "counter advertising" – so that alcohol ads aren't the only major source of information about alcohol for young people.

But the industry doesn't just lie when it markets to kids. It also lies in its marketing to adults. The industry attempts to normalize drinking by touting the limited health benefits of alcohol consumption. It exaggerates the findings of studies on the health benefits of alcohol – and gives the impression that everyone should be drinking. But the industry does not talk about the societal costs of alcohol misuse and abuse: $167 billion a year in medical and economic costs. 100,000 premature deaths in the U.S. each year due to alcohol-related injury and illness. Studies show that alcohol benefits only a small segment of the population – generally white males over 45 and white females over 50. On the other hand, alcohol has no benefit and can cause harm to: people on medications where alcohol is a contraindication; women of childbearing age; pregnant women; underage youth; young adult males; people who are alcoholic; and people who suffer from chronic diseases that alcohol exacerbates. What's more, the potential benefits of alcohol – such as reduced risk of heart disease or diabetes – can be obtained from exercise and nutrition. Without the risks of alcohol. The alcohol industry also doesn't talk about how alcohol use can put people at risk for other health problems, such as breast cancer, alcoholism – or, as we've seen alcohol-related violence. We need to label alcoholic beverage products to warn people of the dangers and negative effects of alcohol. Just as Congress mandated warning labels for tobacco products and tobacco advertising, it should require prominent warning labels in highly visible locations on alcoholic products and advertising.

AMA Activities on Alcohol

In response to the problems created by alcohol – and the alcohol industry – the AMA has embraced a comprehensive, environmental management approach to the problem. Particularly the problem of underage drinking. We focus on how the social environment encourages and enables alcohol abuse among young people. And then we try to change it. Along with other groups, we've fought against alcohol advertising on television – and we've won. We've also worked with other organizations to strengthen laws and to emphasize the power of health education and intervention. The AMA, with funding from The Robert Wood Johnson Foundation, has two national programs that apply this environmental management approach:

Laws to Reduce Underage & Binge Drinking

Reducing Underage Drinking Through Coalitions. And, A Matter of Degree – a program aimed at reducing high-risk drinking among college students. Our program, **Reducing Underage Drinking Coalitions**, is made up of youth, business, civic organizations, government agencies, religious institutions and other leaders. Together they are working to create positive change. These groups fight marketing promotions and advertising – or the messages our kids get from the world about alcohol. They put muscle behind their messages. That muscle is the law. And intervention programs. For example, the organizations that are part of Reducing Underage Drinking through Coalitions try to stop alcohol from getting into the hands of young people. They embrace effective, proven measures such as: Keg registration – so an adult who buys a keg is held responsible – by law – when a keg ends up in the hands of kids. Stricter enforcement of underage drinking laws – so shops that supply kids with alcohol risk serious legal and financial repercussions. Higher taxes – because numerous studies have shown that price increases delay and reduce alcohol consumption among young people, including binge drinking among college students. Increased alcohol tax revenues can be used to support prevention, treatment, law enforcement and research.

Services for preventing and treating alcohol problems

In addition to strengthening laws and ordinances – and talking truth, not fiction – we also support appropriate services for all people – young and old – who are having problems with alcohol. Indeed, back in 1956, the AMA was among the first to recognize that alcoholism is a disease – not a moral failing. Part of changing the environment means that we must make sure that the disease of alcoholism is recognized – and treated. The AMA has encouraged physicians to do their part – by asking their patients questions about alcohol and drug use. And by making sure appropriate services are available when needed. You can help us on this front, too. By supporting alcohol and drug programs in your community, as well as research into effective treatments and intervention.

Conclusion

I want to end my talk with a direct appeal to you. Faith-based groups can and must play a key role in changing the environment – to protect the health and well being of our children and our families. From the dangers of violence. From the dangers of alcohol. Faith-based groups can have an especially great influence on alcohol policy in this country. Let me give you an example. Last year, the state of Alaska was considering its first increase in alcohol excise taxes in nearly 20 years – to tax alcohol at a dime a drink. But the tax bill got held up in the State Senate, despite the best efforts of a diverse coalition of religious organizations, Democrats and Republicans, conservatives and liberals, the public health community, and native and non-native Alaskans. So on a Sunday morning during church services, a few ministers, knowing that some key state senators were sitting in the pews, called on their parishioners to contact their senators – and ask them to pass the alcohol tax increase. In a matter of days, those key senators called a hearing on the tax bill and then passed it in the full legislature. Faith-based organizations can make a difference.

That's why we need you.

The AMA has convened a working group of many faith-based organizations across the country. We are communicating regularly with them through monthly conference calls and an e-mail listserve.

There's an easy way to get involved with this group. Please call or e-mail Lenny Lamkin at the AMA Office of Alcohol and Other Drug Abuse. His phone number is 312-464-4168. He'll help keep you linked with other faith-based organizations that share your concerns.

We hope this group will become a powerful force in changing the national alcohol environment. In the meantime, for more information about what the AMA is doing on both violence and alcohol issues, you can visit these two Web sites:

www.ama-assn.org/go/violence
www.ama-assn.org/go/alcohol

Dr. John C. Nelson
AMA, President-Elect

For the full text of Dr. Nelson's speech, please contact HDMS.

American Medical Association President-elect Dr. John C. Nelson, center, visits with Sisters of Providence Health System President and CEO Vincent J. McCorkle, left, and Dr. James Fanale, Chief Operating Officer of Mercy Medical Center, following a Grand Rounds visit to Springfield on Jan. 28. Dr. Nelson spoke to staff at Mercy Medical Center about the importance of clinical quality and patient safety and the need for liability reform in the medical profession.

2004 Senior Volunteer Physician of the Year
Dr. BRUCE B. STOLER

Dr. Bruce Stoler (r) with his son Jeff Stoler.

The Hampden District Medical Society has added Dr. Bruce Stoler to the distinguished roster of the HDMS Senior Volunteer Physician.

Dr. Stoler a past president, 1976-1977 is a retired Radiologist has been a Health Benefits Counselor with the SHINE Program going on nine years. The SHINE Program (Serving the Health Insurance Needs of Elders) is a state program that offers free, confidential counseling to Medicare beneficiaries about their health insurance options. Becoming a SHINE counselor, and staying certified, requires extensive training and dedication to the program.

Kate Vanderscoff, SHINE Regional Director, nominated Dr. Stoler. She said "Dr. Stoler does an outstanding job of understanding complex information and explaining it to Medicare beneficiaries in a clear, understandable fashion. He is compassionate and confident in his counseling and his dedication to the SHINE Program is unparalleled. Dr. Stoler gives selflessly of his time to help our areas Medicare beneficiaries.

Hampden District Medical Society congratulates and thanks Dr. Stoler for donating his time to the SHINE Program.

(L-R) Samalid Maldonado, aide to Cheryl Rivera, Representative Mary Rogeness, and Dr. Stephen Metz.

(L-R) Marthe Beauchamp and Dr. Heather Z. Sankey, President.

(L-R) Dr. George Ghareeb, MMS-Assistant Secretary, and Dr. Thomas Sullivan, MMS-President.

(L-R) Ada Begilman, 2003 High School Doctor for a Day student, guest speaker, and Dr. Alicia Ross.

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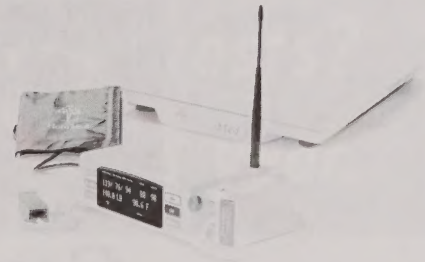

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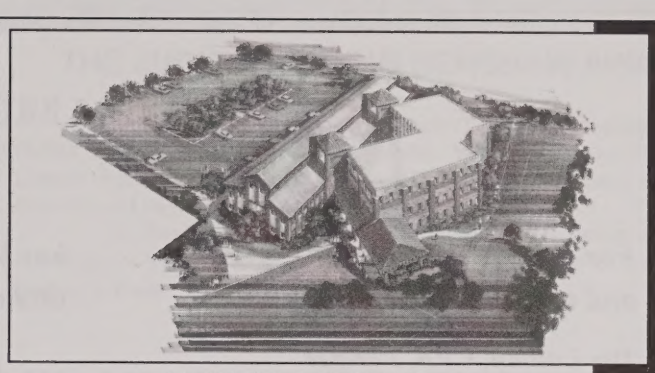

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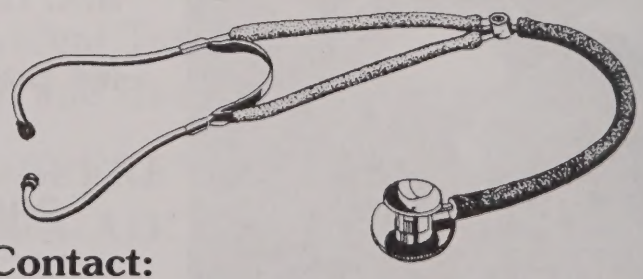

Contact:
Hampden District Medical Society
1111 Elm Street
West Springfield, MA 01089
Tel: 736-0661 • Fax: 731-8990

Dr. John Nelson, AMA-President elect, visiting Mercy Medical Center Family Life Center.

PREGNANCY WORKSHOP

Dr. Emily Singer with teens.

I enjoy working with adolescents, I am interested in community health issues, and I am training to be an Ob/Gyn. at Baystate Medical Center so, when the opportunity to do a workshop on teen pregnancy at the Springfield Boys and Girls Club arose, how could I pass it up? The biggest challenge for me was creating a workshop that would be appropriate for teenagers, not medical students. Luckily, my experience as a 7th grade math teacher helped me get into the right frame of mind. The premise of the workshop was this: If they understand what has to happen in order to get pregnant, then they will better understand the methods available to them in order to keep that from happening.

After reviewing the anatomy and listing the main ingredients for reproduction, these adolescents were easily able to generate the concepts behind most methods of birth control.

The following are some of the ideas they came up with: 1) Don't have sex. 2) Don't let the sperm get to the egg. 3) Keep the egg from ever coming out of the ovary 4) Keep the sperm from getting out of the testicle. Matching their ideas with the different types of contraception they represented followed this discussion.

I brought in examples for the teens to pass around, and to my surprise, the male condom was the only one that most of them recognized. The workshop was meant to be fun and educational, but I did add a few scary statistics. I shared with them that in the hour it would take to do this workshop, 100 teens in this country would get pregnant and 55 would deliver babies. The gasps and open jaws I got in response, made me realize the severity of this issue may be starting to wash over them. I ended the workshop with a list of all the reproductive resources available in the Springfield area, and spent the rest of the time answering questions. Of course it will be impossible for me to know how much of an effect, if any, this workshop had on this group of teens. It was a lot of fun for me, and I hope it was fun, as well and informative, for these teens. My biggest hope is that they will pass on what they learned to their friends.

Dr. Emily Singer
3rd Year Resident
Baystate Medical Center

THE JUDITH FLEMING HENSHAW AWARD

Dr. Heather Sankey was presented "The Judith Fleming Henshaw Award" at the Annual Jane Fund, fund-raiser held at the Crown Plaza Hotel, Lincoln Square in Worcester. Dr. Sankey is Medical Director of Planned Parenthood League of Massachusetts.

Dr. Sankey also presented, "The Politics of Abortion and Family Planning", as part of the annual observance of the Supreme Court decision on Roe v. Wade.

2004 AMA, FOUNDATION LEADERSHIP AWARD

A program of the AMA Foundation's Excellence in Medicine Award.

(L-R) Vice-Admiral Richard Carmona, U.S. Surgeon General, and Dr. Claudia Martorell, Chair of Public Health Committee, 2004 AMA Foundation Leadership Awardee.

Dr. Claudia Martorell, Chair of the Public Health Committee was the recipient of the 2004, AMA, Foundation Leadership Award. The AMA Foundation Leadership Award, presented in association with the Pfizer Humanities Initiative, offers an exciting opportunity for students, resident and fellow physicians, and young physicians to advance their leadership skills. This program encourages involvement in organized medicine and continued leadership development among the country's brightest and most energetic leaders in medicine. Dr. Martorell is an infectious disease physician pursuing a master's degree in Public Health (MPH) at Harvard University, and is a recipient of the Commonwealth Fund/Harvard University Fellowship in minority health policy. Presently, serves as the coordinator for the 2004 Oversight Hearings on Health Disparities. She also served as the Spanish Language Cross-Cultural Coordinator for the Healthcare for the Homeless AIDS Project in Massachusetts. The Award was presented to 20 young physicians demonstrating strong non-clinical leadership skills in advocacy, community service, and/or education. Dr. Martorell accepted her Award at the 2004 AMA National Advocacy Conference held in March in Washington.

"Of course, the Canadian drugs have severe side effects, including reduced profits and frustrated pharmaceutical executives."

HIPAA COMPLIANT CLAIMS

CMS has informed the AMA that it will encourage physicians and other providers to submit HIPAA compliant claims by July 1, 2004.

Beginning July 1, 2004, carriers and intermediaries will not process non-complaint HIPAA electronic claims until the 27th day after receipt. This effectively would be a two-week delay in the processing of such claims. CMS will continue to process HIPAA compliant electronic claims in 14 days. This advance notice of this policy is intended to encourage those submitting electronic claims to become HIPAA compliant if they have not done so already. The AMA was pleased that CMS responded to the suggestion that they adopt a contingency plan approach on October 23 when the Transaction and Code Set Standards of HIPAA went in to effect. We also encouraged CMS to give the physician community adequate warning if it decides to change its existing contingency plans for processing claims change. The CMS announcement gives physicians and other health care providers time to complete the conversion to HIPAA compliant electronic claims. Should physicians not make the conversion by July 1, their "legacy" claims would continue to be accepted but they would take longer to process.

2004 OMAR T. PACE, M.D. RECOGNITION AWARD

Dr. Alicia O.M. Ross, Medical Director of the Hematology/Oncology department at Holyoke Medical Center was one of three volunteers honored at the American Cancer Society's 2004 Dr. Omar T. Pace, recognition dinner held on March 31 at Chez Joseph in Agawam.

Contributions to the Hampden District Medical Society Scholarship Fund would be most welcome...Through your generosity; HDMS will be able to continue helping medical students. Any amount you give will be greatly appreciated.

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The Society wishes to thank Dr. Douglas Barnshaw for his generous donation

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2004 HIGH SCHOOL DOCTOR FOR A DAY

Breakfast served at 7:30 AM was just the beginning of an exciting day for 35 high school students. Along with 35 mentoring doctors participating in the High School Doctor for a Day program held on April 6, 2004 these are students got a personal experience of what it's like to be a doctor for a day. Dr. Alicia Ross, who has graciously chaired the event for the past several years, welcomed the group at Holyoke Medical Center.

Students applied from all area high schools in Hampden County. Selection to participate is based on an essay that they are required to write. Over 100 essays were received and this year, more applications came from girls than boys.

In her welcoming address, Dr. Ross told the students "the doctors that you know seem wise, confident and in control but once they were just like you – a high school student – scared, excited, confused and wondering what the world has to offer. Since then, your doctors have traveled a long, challenging and exciting road. They've seen and done some awesome things. They've often been tired, but seldom bored".

Many of the participants shadowed a female physician for the day. In the past, medicine was not an easy career for women to enter. People once thought that women were not physically suited to the practice of medicine.

When the first medical schools opened their doors in 1765, medicine was not viewed as an appropriate career for women. At that time, woman had few career options outside the home. When women did venture into the medical field, they were more often midwives who delivered babies.

The first woman physician was James Miranda Stuart Barry, M.D., who practiced medicine in Canada. Dr. Barry dressed and lived as a man and she managed to avoid detection. **It was not until after her death, in 1865 that anyone discovered she was actually a woman.**

In 1849 Elizabeth Blackwell became the first woman to receive a medical degree (MD) in the United States.

Dr. Blackwell graduated from Geneva Medical College in New York. In the following year, 1850, the Female Medical College of Pennsylvania (now called the Medical College of Pennsylvania} was established. It was the first medical school to educate women to become physicians.

With the changes in the profession in recent years, Medicine has become an increasingly attractive career for a woman who wants to balance work with raising children. One great thing about women going in to medicine is the flexibility. This new image, medical educators say, helps explain whey the profession has crossed a major threshold.

The Washington D.C. based Association of American Medical Colleges reported recently that, for the first time on record, more women than men applied for admission to U.S. medical schools.

This trend seems to reflect the most recent class of Doctor for a Day. Students learned a little about the daily experiences of being a doctor. The volunteer physicians rounded, operated, commuted and saw patients with their eager charges. For some physicians it was a way to renew a fresh perspective about medicine, seeing a students view of the profession. It is an adventure few are able to experience, and those that do are unlikely to forget.

By: Suzanne Skibinski

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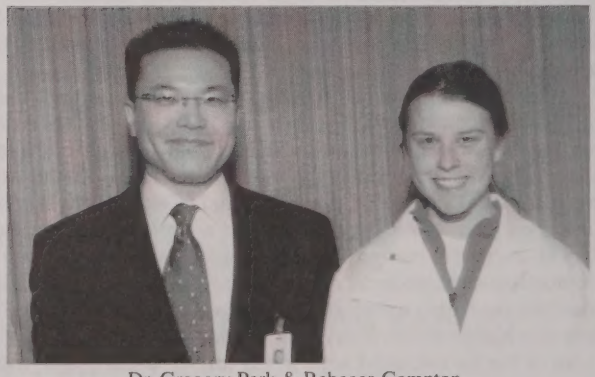
MY HOPE FOR REBECCA

Dr. Gregory Park



Dr. Gregory Park & Rebecca Compton.

I very much enjoyed my day participating in the doctor for a day program. My name is Gregory B. Park, M.D. and I am a physiatrist (a specialist in physical medicine and rehabilitation) spending half of my days seeing inpatient rehabilitation patients at Weldon Rehabilitation Hospital and the other half of my days seeing outpatient musculoskeletal patients at my

private practice in Northampton.

I had Rebecca Compton, a junior in high school, accompany me during my day. Anticipating the time commitment, I decided to round on my inpatient rehabilitation patients earlier than usual prior to coming to the 7:30 A.M. meeting at Holyoke Medical Center. As a result, my day began at 5:30 A.M. rather than the usual 6:30 A.M.

After the meeting and after introducing myself to Rebecca's mother, I drove back to Weldon where we rounded on some patients who were gracious enough to allow seeing them with a student.

I was able to introduce Rebecca to a young patient who had right hemiparesis due to a stroke. We also met with a patient who had just had a total knee replacement and a patient who had sustained an anoxic brain injury after cardiac arrest. In rehabilitation, we have weekly interdisciplinary team conferences with the nurses and therapists. Rebecca was able to see how the rehabilitation team members interact with each other.

Afterwards, I showed Rebecca around Mercy Medical Center, including the emergency room and the intensive care unit, to show her that medicine was not always like the way it is depicted on "E.R."

We picked up some Subway sandwiches on our way to Northampton, again a small break from my usual routine, as I typically do not eat lunch (mid-day meals tend to make me drowsy in the afternoon), but I did not want Rebecca to think that doctors were machines who did not eat.

In Northampton, Rebecca was able to see some folks with back and neck pain. Rebecca even had the opportunity to don a lead suit to watch an epidural injection under fluoroscopic guidance. We had a light day that day because our practice was having an open house to celebrate our new facility in Northampton. Because of this, I had some time to explain to Rebecca how I felt about the profession and offer advice to her as to how she can become a member. In addition, I was also able to drive Rebecca back to Holyoke Medical Center a little earlier than scheduled.

It was very refreshing to break from "routine" and show somebody a taste of what I do. I believe people in all professions, not just physicians, should dedicate a day to show a high school student what their job is all about. Many if not most people lack a broad feel for the world and a perspective for what others encounter during the day. It is my sincere hope that Rebecca chooses to become a physician, and secretly even more so that she chooses to become a physiatrist. Even if she chooses to do something else in medicine, choose a field not related to medicine, or -- heaven forbid -- become a lawyer, I hope I gave her an experience that will in at least a small way broaden her mind and give her a new perspective on the world. Regardless of where she or the others in the Doctor for a Day program end up ten years from now, if this was accomplished, then I think the world would be at least a little bit better and the program would be a smashing success.

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High School Doctor for A Day Participant

by Amy Rapisarda

"Attention all Juniors and Seniors interested in the Medical field: The Hampden District Medical Society will be holding the annual 2004 Doctor for a Day Program on April 8. Ever wonder what it would be like to be a doctor for a day? Find out! All those interested please pick up an application in the career center." I heard this, over the intercom on the morning announcements. I immediately asked my teacher if I could go to the career center and pick up an application. I came home that day and read the requirements: An essay on why I feel that I should be chosen to participate, two letters of recommendation, and the actual application. Ideas for the essay ran through my head, I had so much to say and so much to write.

I began to work on my essay and shortly after attached two letters of recommendation and the application to the essay and hand delivered it to the Hampden District Medical Society offices located in West Springfield MA.

A little more then a week went by and I got my letter in the mail. I, Amy Rapisarda, had been selected to participate in the 2004 High School Doctor for a Day program. I arrived at 7:30 in the morning to an extremely pleasant and welcoming crew at Holyoke Hospital. They informed me that I would be shadowing Oncologist, Dr. Mateen, and be sitting at table eight for the complimentary breakfast. All the students selected, stood up and introduced themselves, the doctors they would be shadowing and gave examples of their hopes for the day. At 8:30 am, the meeting was adjourned and we began our exciting day with our mentors.

Dr. Mateen specializes in Oncology and Hematology, the study of Cancer and Blood. She was very nice and introduced me to the staff and crew around the hospital. They were all very nice and all extremely pleased to have the students there.

Dr. Mateen began our day by showing me around her office and explaining some of the procedures done and the format of the day. At the Radiology department, I was introduced to the staff who explained the procedure being done. I was about to witness a Paracentesis. The patient was asked if they would mind my observing. All the patients I had seen that day were more then happy to have me observe. They felt it was a great learning experience, and it was. The Paracentesis took about an hour and was really quite interesting to watch. Next, Dr. Mateen took me to observe a breast biopsy, another informative and interesting procedure to watch. The Doctor performing the procedure took me step by step through it. After the breast biopsy, Dr. Mateen informed me of a colonoscopy that would happen shortly after. She introduced me to the doctor performing the colonoscopy and he informed me of why it was being done and each step he would have to take. The procedure is used to look for early signs of cancer in the colon and rectum. It was again quite informative, although I am not sure how interested I am in getting one anytime soon. After this procedure I was taken to the CAT Scan room and watched the insertion of a Chest tube. After that I watched a lung biopsy and finally I observed a bone marrow test.

Everything I had seen during the day was very informative and everyone involved in the procedures was very welcoming and overwhelmingly generous. They would even try to get me involved by asking me to hand them certain tools, wipes, and instruments. I was hooked. I was not kept in one certain department, but I was shown many different departments. I was taken to the Hematology dept. and shown how blood typing works and how to look for cancerous cells in blood. I was also taken to the birthing center and got to hold a one-month-old baby, she was precious. I also got to see a day old baby who was absolutely adorable, and another 10-month-old baby.

All together my day at the hospital was informative, insightful, fun, and the people, the patients, doctors, nurses, and staff were all commendable. The day ended with a debriefing reception and a light supper. We were awarded certificates, and had an open discussion about our day.

It was an awesome opportunity and if given another chance to participate I would take in a heartbeat. Thank you Hampden District Medical Society and my mentor Dr. Mateen.

Amy Rapisarda is a junior at Southwick/Tolland Regional High School

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JURY MOTIVATION IN MEDICAL MALPRACTICE

Over 130 doctors and attorneys attended the 11th Annual Medico-Legal Forum held on March 11, 2004 at the Longmeadow Country Club. Dr. Galina Davidoff a director at Bowne Decision Quest located in Waltham was the Keynote speaker. Dr. Davidoff is a researcher and trial consultant and is a member of the Boston and American Bar Associations. Her particular interest is researching the way in which jurors' process complex information. Having consulted on over 300 civil and criminal cases across the country, Dr. Davidoff's practice includes insurance and environmental litigation, intellectual property cases, contract disputes, personal injury matters and other areas of business litigation. She also has experience with criminal matters including murder and rape trials, conspiracy charges and white-collar crime cases.

Dr. Davidoff showed a video of a mock trial and then listed and discussed the strengths and weaknesses of the case. She stressed that one of the key points is to try to understand the jurors' perspective in shaping medical-malpractice litigation. She discussed how to prepare for trial and examine (through research) how the jurors perceive a case and what motivates jurors to award high damages against doctors and medical establishments. One juror in the video, when interviewed and asked why she voted to award in favor of the patient said, "I voted in favor of the patient because I didn't know what the doctor's medical terminology meant". Dr. Davidoff also

Dr. Galina Davidoff, keynote speaker, Bowne Decision Quest.

explained jurors' perceptions of doctors and expert witnesses in medical-malpractice litigation discussed the issues of jury selection for medical-malpractice cases and revealed the role sympathy and anxiety play during a trail.

By: Suzanne Skibinski

Attendees at Medico-Legal Forum.

Dr. Mark Mullen, Co-Chair, Atty. John Bagley, Co-Chair, and colleague.

HMO BLUE QUALITY AWARD

Dr. Jose Llorens, a pediatrician at Baystate Medical Center, and Dr. Virginia Rittner, a pediatrician at Fairview Pediatrics have received the HMO Blue Quality Award from Blue Cross Blue Shield of Massachusetts.

Dr. Llorens and Dr. Rittner were honored for achieving the highest results for two consecutive years in Blue Cross Blue Shield of Massachusetts' Primary Care Incentive Program.

The Program pays physicians more based on their performance on specific quality measures, such as well child visits, antibiotic utilization and asthma medication management

Implementing Practice Parameters

The American Medical Association has developed a booklet titled Implementing Practice Parameters on the Local, State and Regional level. The publication, which is based on the AMA policy, is an eleven-step guide for physicians. While it is not possible to address every local circumstance that may arise, the guide outlines the key components necessary for incorporating practice parameters into quality advancement activities to improve patient care.

The AMA strongly believes that organized medicine should be responsible for the development, evaluation, and implementation of practice parameters.

As the federal government and states continue to incorporate practice parameters into health system legislation, the Booklet will serve as a practical working manual.

To receive a copy call (312} 464-4056.

Awards and CME Credit Presentation at Annual Meeting of Hampden District Medical Society

Four awards recognizing achievement and longevity highlighted Hampden District's 164th Annual Meeting on May 5 at the Springfield Country Club, along with a risk management CME presentation and the President's review of the Society's year.

Following a social hour, President Heather Sankey started dinner and the program with a moment of silence for the late Doctors Irving Hoff and Charles Diamond.

The membership then voted approval for next year's officers and delegates, including incoming President Dr. Richard Anderson, President-Elect Dr.. Mark Sherman, Vice-President Dr. Jeffrey Kaufman, Secretary Dr. James Wang, and Treasurer Dr. Mark Mullan.

After approval by the attendees of several bylaws changes and the auditor's report, Dr. Sankey noted the significant events of the preceding year. Although most of these are familiar to the reader as annual occurrences, special note should be made of the visit of Dr. Story Musgrave, physician and astronaut, for our first, family-oriented, Fall Meeting held at the Science Museum, which drew an enthusiastic response, and the Legislative Oversight Hearing on Health Disparities, held at Western New England College School of Law, which was arranged largely through the efforts of Dr. Claudia Martorell, one of our award winners.

Awards this year included two for 50-year membership, to Drs. William Byrnes and Samuel Brendler, both of whom accepted engraved clocks from the Society.

The Clinician of the Year Award went to Dr. Winthrop Whitcomb, Internist and nationally recognized pioneer in the hospitalist movement. Vincent McCorkle, President and CEO of Sisters of Providence Healthcare System presented the Award, where Dr. Whitcomb has been working at Mercy Hospital since 1986.

Dr. Heather Sankey, President, congratulating incoming 2004-2005 President, Dr. Richard Anderson.

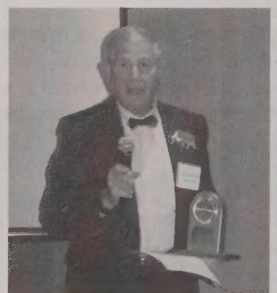
Dr. Claudia Koppelman presented the Young Physician Leadership Award to Dr. Claudia Martorell. Dr. Martorell is enrolled in the public health program at Harvard, to which she commutes from her home in West Springfield. She has been working on minority health issues and was instrumental on getting the Legislative Oversight Hearings brought to western Massachusetts.
Both Drs. Whitcomb and Martorell have physician spouses and are rearing young families.

Dr. Luis Sanchez, psychiatrist and Director, Physician Health Services for MMS, gave a presentation on "Medicine, Family and Balance," for which Risk Management CME will be awarded. He described the changing environment and the problems it may generate for and in physicians, along with help that Physician Health Services can provide. Dr. Wayne Gavrick, Associate Director of Health Services, provided additional comments.

By: Dennis S. Gordan, M.D.

(L-R) Dr. Luis T. Sanchez, speaker, Director of Physician Health Services, MMS, and Dr. Wayne Gavryck, Assistant Director Physician Health Services, MMS.

(L-R) Dr. Winthrop Whitcomb, recipient of the 2004 Community Clinician of the Year, and family.



(L-R) Dr. Walter Brynes, 50 Year Member Awardee; Dr. Samuel Brendler, 50 Year Member Awardee; and Dr. Claudia Martorell, recipient of HDMS Young Physician Leadership Award, and her husband Dr. Roberto Salva-Otero.

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2004 COMMUNITY CLINICIAN OF THE YEAR
DR. WINTHROP WHITCOMB

The Sisters of Providence Health System is proud to announce Winthrop F. Whitcomb, M.D., director of the Mercy Inpatient Medicine

Service (MIMS) at Mercy Medical Center, has been selected as the 2004 Community Clinician of the Year by the Massachusetts Medical Society and the Hampden District Medical Society. This Award, created in 1998, is bestowed on physicians who have made exceptional contributions to the practice of medicine and to their patients in their own communities. "Dr. Whitcomb is a leader in the field of hospitalist medicine," said Vincent J. McCorkle, president and chief executive officer of SPHS. "We are very fortunate to have him on our medical staff, and very proud to have him receive this prestigious recognition." Dr. Whitcomb received his Award at the Hampden District Medical Society's annual meeting on May 5, held at the Springfield Country Club in West Springfield and at the Massachusetts Medical Society's Annual Meeting luncheon in Boston on May 13. Dr. Whitcomb has served as director of Mercy's MIMS practice since 1995. Mercy Medical Center was among the first hospitals in the United States to commit to 24-hour-a-day, seven-day-a-week staffing of hospitalist (internists who specialize in the care of patients who have been admitted to the hospital). "Mercy Medical Center has been the perfect environment for development of the hospitalist model, which is now in place in hospitals across the United States," said Whitcomb. "This year, 2004, marks my 10th anniversary at Mercy, and I'm proud of the fact that over that period, MIMS has dramatically increased access to health care in the greater Springfield area by supporting primary care physicians, medical sub-specialist and surgeons, and by caring for hospitalized patients who do not have primary care at all."

(L-R) Dr. John Holbrook, Dr. Winthrop Whitcomb, recipient of the 2004 Community Clinician of the Year Award, and Dr. Enzo V. DiGiacomo.

Hampden District congratulates Dr. Whitcomb for his outstanding compassion, dedication and commitment to patients, community and the medical profession.

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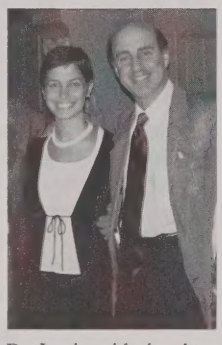
THE FUTURE OF PROFESSIONALISM IN MEDICINE

In politics, when action is taken legislatively with a specific goal in mind; sometimes-unforeseen negative effects will reveal themselves later. This is known as the "Rule of Unintended Consequences." Whether lack of vision, lack of in-depth understanding of the issues, lack of planning or just lack of concern; the results still leave their mark.

We, as doctors, are no different in this respect and are subject to the same subjective decision making influences and data as our political colleagues. Once such issue is the increasing use of Physician's Assistants (P.A.'s) and Nurse Practitioners (N.P.'s) in the provision of care to patients.



Dr. Levin with daughter Caroline at HDMS Annual Meeting.

Of particular concern to me is this utilization in primary care medicine. What may have started as a genuine "fix-it" for undeserved populations, has now exploded on the primary care "scene." Whether it is to "be more efficient," to extend oneself beyond the usual 10-12 hour day, or just generating more income with lower cost providers; the rule of unintended consequences may come into play here.

Many (not all) primary care doctors and specialists have their patients screened or checked regularly by P.A.'s and N.P.'s without they themselves getting directly involved. Such care aspects as: routine physicals, "minor" problems, follow-ups and nursing home rounds are relegated to non-doctor providers.

The term PCP (Primary Care Physician) has now evolved into Primary Care "Provider." In some inner cities and very rural communities, non-doctor providers with only a token of MD/DO supervision exclusively care for undeserved patient areas. Health care planners gleefully gather in data to support the concept that the quality of care is equal. In some area's P.A.'s and N.P.'s make hospital rounds; writing orders only to be countersigned at a later date. Many hospitals now hire P.A.'s to work in their clinics and emergency rooms to "expedite care" (and save money with lower cost providers.)

All of this does not bode well for physicians. We are (and should be) and elite corps of highly motivated and trained men and women performing what I consider to be the most important work in our society. This complex job demands that we should have absolutely the best and brightest recruited into our profession.

Third Party Payors must salivate at the prospect of the increased provision of care by lower salary non-doctors. This is despite the fact that the physician reimbursement makes up less than 15% of medical expenditures. In today's atmosphere, insurance companies have no problem cutting the fees whenever possible. If we, as physicians, continue to utilize P.A.'s and N.P.'s (regardless of motive) why shouldn't our adversaries (payors) point the finger and say "If you can do this, so can we" (physicians layoffs to follow– "nothing personal, just business.")

The bar of standards can now be lowered. It really boils down to how one looks at medicine from a societal and philosophical point of view; care provided by paraprofessionals with 18-36 months of training, or care provided by highly skilled professionals with 11-15 years of education and training.

At the continuing risk of my political incorrectness, let me say that I do believe in the use of P.A.'s and N.P.'s in the assistance of providing some care to patients (particularly in the sub-specialties.) Proper utilization of these paraprofessionals can enhance access to care. However, if we as physicians continue to over utilize this "trend", we will provide the ammunition for health care planners and regulators to deprofessionalize medicine. With less medical school graduates going into private practice, this can only be accelerated. After all, despite the entire public exhortations and concerns about "quality of care," the bottom line is really what it's all about. I wonder where societies best and brightest will go then.

Respectfully submitted, Andrew S. Levin M.D.
Internal Medicine/Family Practice, Holyoke

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Legislative Oversight Hearing On Health Disparities

The hearing among Hispanic Americans was held on April 16, 2004 at the Court Room of the Western New England College School of Law Institute for Legislative and Governmental Affairs in Springfield.

The mission of the hearing was to increase awareness of the health care disparities that affect the Hispanic American community in Massachusetts, explain reasons contributing to health disparities, and propose legislative health policy interventions to address disparities. Experts throughout the State provided testimony in topics such as mental health, physician diversity, health status of Latinos in Boston, Springfield, and Holyoke, barriers to health care in Community Health Centers and Hospitals, oral health, the homeless/immigrant population, and substance abuse among others. According to the U.S. Census, Hispanics are now the largest ethnic group in the country, numbering nearly 40 million or 14 percent of the U.S. population. Hispanics are the largest minority group and the second fastest growing ethnic minority population group in Massachusetts.

In Massachusetts, Hispanic mothers born in the Continental U.S. had a higher risk profile than Hispanic mothers born elsewhere, the HIV death rate for Hispanics (14.7) is 7x higher than that of whites (2.2) per 100,000 2001, Hispanic teen birth rate is 520% higher than white non-Hispanic (99.7 vs. 16.1), Hispanic infant mortality rate is 32 % higher than white non-Hispanic

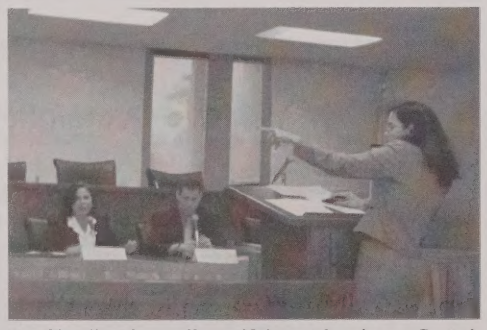
(5.8 deaths/1,000 live births vs. 4.4), Hispanics are 185% more likely to be uninsured than white non-Hispanics (20.5% vs. 7.2%), and Puerto Ricans have the highest risk profile among Hispanics.

Leading causes of disease and/or death include cancer, heart disease, injuries, HIV/AIDS, diabetes, obesity, mental health, and asthma. Barriers to health care among the Latino population include lack of access to health care including the uninsured; lack of physician diversity and cultural competence; lack of bilingual staff and trained translators; presence of prejudice, bias, and stereotypes. Other factors that contribute to disparities include lack of valid or availability of research data; deficiencies in data collection regarding race, ethnicity and language spoken; distrust in health care providers and health care system. Health policy recommendations include:

- Providing health care insurance for all in Massachusetts
- Increase diversity and leadership of the health care workforce
- Standardize data collection on race/ethnicity/language
- Standardize and develop Statewide clinical guidelines and quality standards
- Integrate cross-cultural education into the health professions
- Fund services of non-physician personnel such as trained translators, home telemonitoring of chronic conditions
- Fund, promote and support the use of community health centers, case management services, and multidisciplinary teams
- Increase funding for health promotion and prevention programs
- Provide and promote patient education, training and empowerment.

Major disparities remain in Massachusetts affecting the Hispanic community. There are racial/ethnic disparities consistently found across a wide range of health care settings, disease areas, and clinical services. It is urgent to address the significant geographic, economic, racial and ethnic disparities in access to medically necessary services and the resulting disparities in medical outcomes in Massachusetts.

A multicultural, multi-service and multidisciplinary approach is needed to address health disparities. It is essential to address the fact that failure to prevent, detect, and provide early and culturally competent treatment for serious illnesses results in preventable hospitalizations and increased high cost medical services which constitutes a serious burden and inefficiency in the State health care system.



Dr. Claudia Martorell, testifying at hearings. Seated: Representative Gail Candaras and Representative Peter Koutoujian (D-Waltham), House Chair of the Joint Committee on Health Care.

Dr. Claudia Martorell served as the Minority Health Policy Consultant for Chairman Peter Koutujian, Joint Commission on Health Care of the Massachusetts House of Representatives

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Covering the Uninsured: The AMA's Proposal in Jama Expanding Insurance Coverage through Tax Credits, Consumer Choice, and Market Enhancements

A copy of "Special Communication: The American Medical Association Proposal for Health Insurance Reform, co-authored by AMA President Donald J. Palmisano, MD, as it appears in the May 12, 2004, edition of Journal of the American Medical Association may be obtained by contacting Suzanne Skibinski at Hampden District Medical Society at (413) 736-0661.

Massachusetts Medical Society 2004 Annual Meeting *Scaling New Heights:* *Professionalism, Perseverance, and Pride*

YOUR DISTRICT WORKING FOR YOU!

23 HDMS Delegates attended the Massachusetts Medical Society's Annual House of Delegate Meeting held on May 13-14 at the Seaport Hotel in Boston.

MMS MEMBER ART EXHIBIT

Sponsored by the Arts, History, Humanism and Culture Member Interest Network

Members and their spouses were invited to share their artistic endeavors at the MMS, Annual Meeting.

Dr. Claudia L. Koppleman

(L-R) Dr. Mark Sherman, his wife Jane, Dr. Claudia Koppleman and her husband Jack McQuaide.

Therapeutic Jewels

Artist: Claudia Koppelman, M.D.

Type of Piece: Woven Beadwork

"Creative endeavors have always been an important part of my life. Whether writing, designing and sewing, or beading, I enjoy working with my hand to create "practical art." Since August 2001, my passion has become bead weaving. My imagination takes over as the beads, one by one, are woven together using special nylon beading thread. Beading without limitations affords me time to restore balance in my life. Pressure to complete a work is nonexistent, allowing this art form to be very relaxing and therapeutic – a treasured complement to my hectic professional life as a solo internist practicing the "art of medicine." The shawl shown is composed of over 252,0-00 number 15/0 Miyuki Japanese glass seed and fringe beads. After first hand sewing of the black velvet triangle, approximately 500 hours of beading were spent creating the detailed beaded lace edge and over 2200-fringe strands. The matching necklace and complementing earrings took an additional 70 hours to design and create.

Become Part of the MMS Speakers Bureau!

The Speakers Bureau is a good way for physicians to establish or maintain relationships with their respective communities. Talking to local groups also gives physicians the opportunity to express the opinions and interests of the medical community. All specialties and areas of expertise are needed!

If there is a medical topic or health care issue on which you'd like to speak, please contact Suzanne Skibinski at (413) 736-0661 or hampden@massmed.org

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HEDIS Compliance-Your Responsibility

Dr. James K. Wang

HEDIS (Health plan Employer Data Information Set) is a tool created by the National Committee for Quality Assurance (NCQA) to rate the quality of care and services of health plans. Data collected from patient chart reviews determines how a particular plan compares with others in regard to quality of care, access to care, and patient satisfaction with the plan and member physicians. NCQA requires health plans to collect and submit these data. Doubtless, your office has been requested to help health plans fulfill some of this data collection. Patient office charts require review to assure that appropriate diagnostic, treatment, and follow up is rendered. Letters often request a specific patient's chart or parts of the chart be copied and sent to their health plan for review. Alternatively, the office may request an on-site review of the chart. In this case, a reviewer, usually a nurse, reviews the chart in the office.

It should be noted that offices are NOT required to copy and send charts for review. To do so entails an increased cost to the practice in clerical and material costs (staff time for copying and sending of records). An office chart review is a more cost-effective means of allowing healthcare plans to comply with HEDIS regulations.

Recently, Harvard Pilgrim has told my office they would not send a reviewer to my office and that we were required to send copied records to them. This was stated despite the initial contact letter's offer to have a reviewer schedule an on-site review. This was stated although the contract states offices must make "charts available for review", and does not state that offices are required to copy and send charts to them. Although they gave no specific reason, I believe they know it is cheaper for them for me to have my staff spend the time and costs to allow them to do in-house reviews.

I am persistent in requesting an on-site review. Consider the time and costs of determining which sections or parts of the chart need to be copied, copying them, and mailing them. Think about the time lost to your office matters while staff is taking care of a health plans business.

Since health plans make no offer to reasonably reimburse for this effort, YOU are footing the bill. I urge all physicians to notify and alert their office managers about your rights in HEDIS reviews.

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PRACTICING PHYSICIANS ADVISORY COUNCIL

Dr. Jose Azocar, Director of Northgate Medical Group at 1985 Main Street, Springfield was appointed on May 17, 2004 to sit on the Practicing Physicians Advisory Council (PPAC) for Medicare and Medicaid Services (SMS). The (PPAC) is a committee of 14 practicing physicians that meet every 3 months. The Committee provides the CMA with recommendations relating to issues regarding health care delivery and provider relationships. Some of the issues included in the last (PPAC) meeting on 5-17-04 included the design and implantation of CMA policies such as: SNF Consolidate Billing, Medical Care for Undocumented Aliens, Enrollment and PRCOS.

Dr. Azocar will work as the liaison to the Executive Board to provide information and updates on some of the issues discussed at the (PPAC) meetings

PETITION FOR MEDICAL LIABILITY REFORM

James K. Wang, M.D.

ALL THAT'S LEFT IS TO HANG THE CREPE

Last fall, the Executive Committee of HDMS sent a petition to all member offices. This petition was directed to the patients seen in medical practices throughout Hampden County. Simply stated, the petition was directed at state and federal legislators to work and vote for the passage of meaningful medical liability reform.

All that was required was that offices copy the petition and make it available to their patients as they registered or checked out.

After mailing to over 760 physicians, unfortunately only 16 physicians have returned signatures. They are to be commended. If others have petitioned through their specialty societies or on their own, they are also to be commended.

The medical profession as we knew it is gone and it is now on the brink of extinction. We have less and less control over patient care. There are an ever-increasing number of constraints on the practice of medicine. One major impediment to the survival of medical practice is the increasing cost of medical liability insurance.

I am astounded that the return rate was so low. I am amazed at the manifestation of apathy about a topic so heinous that we are losing specialists to other states. I am ashamed to know that we did not do more.

Imagine the number of patients passing through your office in a single day. Imagine a week. Imagine a month – or two. Now imagine the number of patients seen across the county – in a day – a week – a month – or two. There are literally tens of thousands of patients seeking medical care, and each one that visits your office needs you and your colleagues to be there. If those petitions had been available for them to sign, there would be tens of thousands of voter signatures looking for reform to send to our legislators. These are tens of thousands of signatures, which would be difficult for legislators to ignore.

And yet, the majority of physicians ignored the petition.

And so we don't have more than a few hundred signatures.

And the struggle for reform has lost some ammunition.

And the majority of our patients remain unaware of the plight.

And we are less secure in our ability to maintain the practice medicine.

Though some specialties' liability insurance premiums may not be exorbitant, specialties your patients rely on are seeing dangerous rate increases. Radiology rates are up over 100% this year. Orthopedics, neurosurgery, ob/gyn rates are astronomical. Losing these and other specialties will limit patients' access to care. So the high cost of medical liability insurance affects every specialty, every person, every physician.

We are battling for our profession, for our very existence in some cases. We are fighting a powerful lobby, one skilled in debate and expert in manipulating the system. The trial lawyers are well organized and have accumulated a massive war-chest. A large percentage of the legislators are lawyers, and a large proportion of political campaign money comes from trial lawyers. We, as physicians, are woefully prepared for this campaign.

Our patients are our best defense and offense. Surveys show that the majority of people believe that tort reform is important and necessary to maintain their access to good medical care. Politicians know where the votes come from – not from a handful of docs, but the voting public – our patients. We need to have our patients become active in the battle for reform. Each signature counts more than you know.

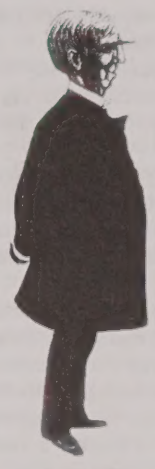
It is not too late. The state bill for medical liability reform is still alive and will be reviewed in the coming months. Call the HDMS office (736-0661) for a copy of the petition and ask your patients to read and sign it. Send the completed petitions back to the office and copies will be forwarded to the legislators.

If we can't make the effort to help ourselves, how can we expect anything to be accomplished?

The following physicians returned petitions: Drs. Kelly Armstrong, Isaac Block, David Clinton, Richard Courtney, Barry Jacobs, Stan Konefal, Phil Moraitis, Kevin Moriarity, John Papale, Savaas Papazaglou, Rajeen Prasad, Barry Sachs, Jerry Schreibstein, Howard Singer, Jean Talati and Gregory J. Gallivan.

Calling for nominations for:

Hampden District Medical Society
Oliver Wendell Holmes, M.D. Stethoscope Award



Do you know a candidate who is known for their wit and philosophy of the practicing physician? If so please nominate him/her.

The Award will be presented on September 21, 2004 at the Fall District Meeting.

Please submit your nominations with a supporting letter by September 5, 2004 to:

Suzanne Skibinski, Executive Director
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, Massachusetts 01089-1540
or email to Hampden@massmed.org

The fall edition of "The Hampden Hippocrat" will be published in September/October 2004. Articles, announcements, interesting stories (500 words or less) and information to share with HDMS members may be submitted for publication consideration to:

The Hampden Hippocrat Editor, HDMS,
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

The Hampden Hippocrat Newsletter
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

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